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What makes a top hospital?

ORGANISATIONAL CULTURE

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Editorial advisory group

CHKS has worked with healthcare organisations across the UK to inform and support improvement for almost 25 years. This is the fourth of five reports that highlight examples of best practice from the UK's top-performing hospitals, which we will share throughout the NHS. We would like to thank the expert panel that is advising us on these reports:

- **Helen Bevan**, Director of Service Transformation, National Institute for Innovation and Improvement
- **Stephen Ramsden**, Director, Transforming Health
- **Ian Dalton**, Managing Director of Provider Development, Department of Health
- **Simon Pleydell**, Chief Executive, South Tees Hospitals NHS Trust

Foreword

CHKS has judged the *HSJ* Acute Organisation of the Year since its inception. In addition, CHKS celebrates success with its annual Top Hospitals programme. As a result we have seen many examples of excellence in the delivery of healthcare by acute sector organisations. The idea behind this series of five reports is simply to share these examples of success in the hope that other organisations can take something from each of them.

While there are many examples in the literature of high-performing healthcare providers, they are often drawn from international comparisons where the environment is very different. These reports reflect excellence in healthcare that has been recognised within the past few years. Our aim is to share the energy and enthusiasm for providing high-quality care that we have found in the NHS in the UK.

The reports are based on the collective view of the judges of the 2010 *HSJ* Acute Organisation of the Year award, who produced an overview of what they had seen across the successful trusts (see panel below). No single trust was excellent across the board but, together, they provided a set of themes from which we can share insight. These themes supply the focus for each of the five reports. While there may be little of surprise about the themes, it is important to recognise that they are based on current observation, so this series is not a definitive guide to good management.

Much of the focus and energy for NHS leadership has understandably concentrated on making improvements in those trusts where performance is below average. This often means the best organisations are left to get on and move forward as they see fit.

Being left to make your own way can lead to isolation. It is often difficult to find out what is going on in other high-performing organisations. This series is designed to help people get a better understanding of what is happening in other trusts, by sharing case studies that highlight what organisations have already achieved.

What makes a top hospital: the observed themes

Quality and change

Cost reduction through quality improvement

- Disciplined execution of change at scale
- Using data for improvement, not judgement

Safety

- "Getting to zero" – zero tolerance of harm
- Deliberate focus on reducing mortality and on other safety measures

Leadership

- Strong, stable leadership with continuity of chief executive
- Distributed leadership model that empowers clinical leaders and shifts power to patients and their families
- Investment in development
- The totality of the approach

Organisational culture

- Profound sense of mission and direction
- A mobilised workforce with a passion to get things right for patients
- Defining and promoting values and living them every day

External influence

- Seeing the hospital as part of the wider community
- Corporate social responsibility
- Risk sharing with commissioners
- Learning from other healthcare providers and other industry sectors
- Comparison not just with peers but worldwide

Executive summary

Organisational culture is one of the five elements that we have discovered to be common across award-winning acute sector organisations in the UK. While there are aspects shared by all, each organisation takes a slightly different approach to establishing a culture aimed at delivering high-quality, safe and efficient care.

They all recognise the contribution such a culture makes and the role that leaders play in establishing a clear sense of mission and direction. Our third report, on leadership, highlighted the need for leaders to develop a vision and it is this vision that helps to drive organisational culture. Chief of service transformation at the NHS Institute for Innovation and Improvement, Helen Bevan, says leaders are signal generators and their actions do not go unnoticed.

This higher sense of purpose, as Bevan puts it, cannot be enforced using a top-down approach. Successful trusts are aware of the complex, fragmented and multi-level nature of their organisations and know full support for a vision can only be won with buy-in from staff.

Large organisations are inevitably fractured along what are often described as 'tribal lines' and in order for an organisational culture to make a meaningful and sustained difference, staff must have an emotional connection to the values it entails. They have to be consulted and engaged in the discussion from an early stage.

Trusts that rise above their peers are those that ask their staff to contribute to discussions about the values of the organisation and to help set out the expected behaviours that match these values. Taking it one step further, some organisations are building these behaviours into staff appraisal and annual assessment.

The results speak for themselves. Any outsider who visits a leading organisation where the culture has become something tangible can see that it that makes an important contribution to the delivery of high-quality, safe and effective care. Acute sector organisations that are struggling to build a similar culture can certainly learn something from them.

Introduction

The concept of organisational culture is highly contested and there are as many different theories on how it can be defined as there are management books on the subject. This fourth report in our series is not intended to be another handbook on organisational culture. Our intention is to highlight instances where culture has played a role in improved performance, in terms of quality and safety of care and, in doing so, pinpoint any lessons that can be learned by other organisations.

This is an unprecedented era in the history of the NHS. There has never been a greater emphasis on delivering high-quality, safe care – yet this comes at a time of pressure to make significant efficiency savings. Our own experience of leading acute sector organisations has led us to conclude that among the most important of the qualities they share is a keen understanding of the role of culture in the delivery of care.

Whether organisational culture is defined in simple terms as 'the way we do things around here' or there is a tighter definition encompassing shared beliefs, attitudes and norms of behaviour, what each of these leading organisations has recognised is that they cannot make sustained improvement without paying close attention to culture.

In this report we discuss the role of leadership in developing an organisation with a clear sense of mission and direction – often encompassed in a set of values. We look at how organisations have managed to build a workforce that has a passion to get things right for patients, and at how some have been able to ensure their staff live these values every day.

The case studies in this report and from the others in the series are now available online at http:\\tophospitals.chks.co.uk. If, having read any of the case studies, you would like to leave a comment or add you own examples, you can do so on the CHKS blog, at http://chksinsight.wordpress.com/

Leaders have a disproportionately large effect on the cultures of organisations and systems. By their behaviours, leaders create the conditions that either hinder or aid innovation.

Dr Lynne Maher, NHS Institute for Innovation and Improvement

Developing an organisation with a profound sense of mission and direction

There is growing recognition of the link between performance and a trust's ability to articulate its mission and direction concisely. Trusts that have either been winners or shortlisted in the *HSJ* awards or our own Top Hospitals Programme awards have all demonstrated a profound sense of mission and direction, often encompassed in a set of organisational values. However, all too often, simply having a values statement is misinterpreted as having a real sense of mission and direction. Some trusts have eager-sounding statements that furnish their websites – and nothing more.

Strategic direction is clearly not the only factor that is instrumental in organisational performance but it is an important one. McKinsey has developed an empirical model to determine an organisational health score, which includes direction. Direction is defined as comprising three elements: mission and vision, strategy and quality ethos. It is about being able to articulate where the organisation is heading, how to get there and how to align people around the vision. McKinsey's results demonstrate that there is a strong evidence base that organisations with a higher health score achieve stronger performance.

Helen Bevan, chief of service transformation at the NHS Institute for Innovation and Improvement, firmly believes that it is the senior team's ability to define a sense of higher purpose that makes the difference between a trust that struggles and one that thrives.

"Sometimes we forget that leaders are signal generators – what they do and how they act has a massive improvement effect on their organisations," she says. "One of the differences I see is that in some trusts, the senior team will tell you how they are meeting target X or Y but in others you get the sense that the leaders are building an organisation with a higher purpose. And

Some leaders are building an organisation with a higher purpose in such a way that they link in with the profound values of their workforce. It's a sense of all working towards the same future'.

Helen Bevan, NHS Institute for Innovation and Improvement

they do it in such a way as to link in with the profound values of their workforce. It's a sense of all working towards the same future and, instead of being us and them, it's us and us."

Bevan says this ties in with a lot of evidence about the role of leadership in large-scale change. "Success comes when leaders have been able to frame what the organisation has set out to achieve in a language that everyone can connect with." One of the best ways to define this purpose is through a narrative. She says evidence shows that organisational change is more successful where leaders have encapsulated their goals using such a narrative.

Stuart Bain, chief executive of East Kent Hospitals University NHS Foundation Trust, agrees. "You can put a lot of effort into hitting targets and doing well in the comparative metrics, but the critical issue is to ensure this performance is sustainable," he says. "For that, the workforce has to buy in to why you are doing it. It has to be bottom-up and everyone needs a personal sense of the importance of the 'target'." He uses the four-hour A&E target as an example. "This could easily have become an abstract organisational goal. The challenge is to get staff to see it not as a target but as a standard of care that they would expect for their own family or friends, so every member of the team has a personal connection and pride in its achievement."

Bain also raises the issue of a balance between clarity of mission for the organisation and a degree of self-determination within individual operational units. "Finding this balance can be difficult because it means combining a clear sense of organisational purpose (the 'what') with a light touch that allows decisions to be made at the unit level (the 'how'). For many staff the daily meaning to their working life is how their own department performs, so reinforcing the role that their success plays in the context of the whole organisation is also critically important."

CASE STUDY 1

Developing a mission and direction at South Tees Hospitals NHS Foundation Trust

"Mission and direction are fundamental to our organisation," says Simon Pleydell, chief executive of South Tees Hospitals NHS Foundation Trust. According to Pleydell, the trust has had a well-defined set of values for the past 20 years. Although values can stay the same, the narrative can change; Pleydell says that developing a narrative now focuses on patient experience, safety and outcomes.

"Our values have always been about putting the patient at the centre of everything we do. Teamwork and improvement is central to this. We set about creating a narrative that put these values into context around six years ago," he says.

"In practical terms this means our strategic plans are structured around this narrative. A good example is that we start every board meeting with a patient story – it could be a good experience or a bad one." However, Pleydell says that when they have got something right for the patient, they don't sit around congratulating themselves. The aim is continuous improvement.

One way that Pleydell engages staff is with his blog, available on the staff intranet. It has had 77,411 hits since its launch in August 2011 – a popularity he puts down to his open style, which shows a human side to management.

In addition, formal processes ensure that the values and narrative are well understood. For instance, the trust has a patient safety walkabout, inspired by the National Patient Safety Campaign and the work of Stephen Ramsden, director of Transforming Health. This helps staff ask themselves questions such as, would they be happy for their family to be treated at the hospital?

Building a mobilised workforce with a passion to get things right for patients

The main thing our visits to leading hospitals in the NHS have revealed is that they all face unique challenges and that staff react differently to these challenges. It is therefore not possible to offer a one-size-fits-all route to building a workforce that has a passion and a desire to get things right for patients.

Chief executive of Salford Royal NHS Foundation Trust, David Dalton, says there is an assumption that once you have defined your values, making sure that your workforce is mobilised behind you is a straightforward next step. However, not everyone in the workforce will be burning with desire to live these values at every opportunity. Trust employees can make different personal contributions to their organisation: they may have different beliefs, different motivations, different goals in life and different experiences of working in the NHS. "My role is to get the best alignment possible to the goals and values of the organisation," Dalton says.

Translating the trust's values into something that has meaning for each individual is the point at which many organisational change programmes stall. Stuart Bain, chief executive of East Kent University Hospitals NHS Foundation Trust, says to make a sustainable change, staff have to buy in to why they are doing what they are being asked to do. This means testing the trust's values with them at an early stage and asking them to highlight behaviours they think are compatible. "Some of this is about language," Bain says. "It's all very well the chief executive saying 'we have a mission and a set of values' but the question is how to translate them into language that has meaning for everyone. Right from their first induction we give practical examples of what appropriate behaviour looks like in practice and how it relates to our stated values."

Bain cautions that every member of staff has to feel secure in their place of work before they can start to take on board what is coming from the top team (see case study 2, opposite). "Successful organisations make staff feel safe, and a sustainable financial position helps people to feel confident and supported, and able to challenge the way services are delivered, promoting improvement and innovation from the shop floor," he says.

At a time when many trusts are facing financial pressure, this security is harder to come by. "This climate of efficiency challenges and organisational change means we have to translate often complex and ambiguous messages in the press and elsewhere into clear objectives with real meaning for front-line staff. Absorbing what is going on in the outside world, making sense of it and reducing anxiety are all precursors for ensuring you take the workforce with you," Bain says.

Helen Bevan, chief of service transformation at the NHS Institute for Innovation and Improvement, points out that feeling safe is a fundamental element in building trust, and without this trust the workforce is unlikely to buy in to the organisation's values. "Those leaders who invest in building trust have seen the benefit," she says.

"Most people who work in the NHS have a broader sense of calling. The passion to get things right for patients may be latent but the best way to get them to take action is to connect with

CASE STUDY 2

Why staff engagement is key to delivering safe, high-quality care at Western Health and Social Care Trust

Winner of the Patient Safety award at the CHKS Top Hospital Programme awards 2011, Western Health and Social Care Trust in Northern Ireland has made safety and quality of care an organisational priority. Its mission statement is to provide high-quality patient- and client-focused services through well-trained staff with high morale. Chief executive Elaine Way says the trust is continually reinforcing this mission statement and is confident the majority of its workforce can "play it back".

With a background in human resources, Way is convinced that one method of getting staff to buy in to the mission is to give them greater involvement at all levels. "What we are trying to do is to ensure people feel confident and able to give of their best to the organisation. Evidence shows that a workforce with high morale leads to better outcomes for patients and clients," she says.

With staff feeling more secure, there is a better climate for engagement and learning about the organisation's culture. Way never misses an opportunity to push the mission and talk about the 'Western way' of doing things. As well as doing this internally, she takes the message out to meetings with politicians and to other public-facing events. The mission is also built into organisational process; for instance, all new recruits as part of their induction are taken through the mission statement and what it means.

Way believes that the values underpinning culture are fundamental to success, particularly openness. "As a senior team we try to live out our values and sometimes that can be difficult, especially when we are talking about things that have gone wrong. By us being open, the staff feel supported to behave in the same way. We want them to understand that if something goes wrong they work within a culture of openness, learning and improvement."

CASE STUDY 3

Engaging staff with a sense of mission and direction at Salford Royal NHS Foundation Trust

Having a clear sense of mission and direction is part of Salford Royal NHS Foundation Trust's organisational development strategy. Chief executive David Dalton says without this, an organisation will simply drift, with staff and patients having no clear idea of what it stands for.

Dalton believes that another common failing is to have a mission statement that is not translated into clarity of direction. "There needs to be an alignment between what an organisation says it is trying to achieve and what the workforce is doing day to day. Taking the workforce with you is the hard part," he says.

Dalton says the trust is two years into a five-year organisational change programme, which he describes as "brutal" in its simplicity. The bottom line is that the trust wants to ensure that the contribution of its staff is aligned to the organisation's goals and values. This means that staff behaviours must be consistent with these values. "We believe that this is something that can be appraised and assessed."

Staff engagement has been a key feature of the programme. A group consisting of 400 members of staff was set up to spend time thinking about what the trust stands for. With facilitated consultation sessions, they were able to focus on four values: patient-centred; respect; continuous improvement; and accountability. "We have taken these values and are using them as behavioural anchors," says Dalton. "This is then translated into goals and objectives for each individual."

But Dalton believes the assumption that passion necessarily follows this engagement work is misguided. "It's a little naive to think that every one of the 1.2 million NHS staff gets up every morning with the same passion to do their jobs effectively while living the values of the organisation. It is important to recognise there is normal distribution in the personal contribution of a workforce – some are excellent, some poor and many are just trying to do their best," he says. "We need to positively reinforce and reward those that contribute the most and make these the role models for others". Dalton's solution is to harness those people with energy and enthusiasm and to use them to engage their peers.

However, he is aware that even these advocates can become disillusioned if they feel the organisation is not supporting their efforts. "Part of our wider staff engagement is about creating an environment in which staff feel they are able to get things right for patients," he says. "Autonomy is crucial to making improvement." Dalton takes the view that few organisations in the NHS are effectively fostering such a positive setting and that there is still much to gain from following the examples of those that are.

their emotions. That means leaders have to think carefully about the emotions they exhibit. They need to create a sense of hope and possibility in an environment where everyone can make a difference," says Bevan.

Simon Pleydell, chief executive of South Tees Hospitals NHS Foundation Trust, believes that security can come not only through a trust's financial position but also through a stable senior team. At his trust 12 senior clinicians have been at the top table for more than 20 years.

Bain sees an additional factor at play, which he refers to as a tribal element. "A real challenge in a multi-site organisation is that there are different cultures between sites and even departments," he says. "If recognised, this can be helpful in generating a pride in the way a particular service is seen by its staff and patients. The trick is to help people to see the overall context and the contribution that their service is making to the success of the larger organisation, and vice versa. It is also important to work with individual staff so that they can see the point of what they do and how it impacts on the experience of the patient – particularly where the staff member may not have direct contact with patients, such as in medical records or waiting list management."

For Bevan, tribal factions are part of the NHS fabric, and she says they have advantages as well as profound disadvantages. "It is a good way for people to have influence within their own group and connect with each other but what you can find is that messages about direction will only go so far. If you want to create change across an organisation you have to be able to connect with everyone," she says.

A climate of efficiency challenges and organisational change means we have to translate complex and ambiguous messages in the press and elsewhere into clear objectives with real meaning for front-line staff.

Stuart Bain, East Kent University Hospitals NHS Foundation Trust

Defining and promoting values and living them every day

While setting out a vision is integral to developing an organisational culture, the evidence shows that to effect change, organisations cannot simply impose values from the top down and expect results. This approach can lead to cynicism and even resistance unless the values are genuinely shared by staff and make sense to them. Trusts that have successfully embedded a sense of shared purpose have also been able to encourage behaviours that reflect this in everyday activities.

It is vital that an organisation links its values to behaviours that can be encouraged through assessment. At Kingston Hospital NHS Trust, staff were involved from the outset in defining the trust's values and then matching behaviours to these values (see case study, page 12).

A similar approach was used at Salford Royal NHS Foundation Trust, with particular emphasis on providing feedback to staff on how well they were meeting expected behaviours. Focus groups were set up and contributed to defining 'behavioural anchors', which could be used at all levels for assessment and evaluation. These anchors were also used to set objectives for all employees as a part of a new performance framework.

The next important step was to identify around 30 'Values Champions' from a variety of disciplines and professions across the trust. They have been working with staff to create awareness and understanding of this aspect of the new performance framework. The trust's 2010 staff survey included three questions about its values. These were: 'Are you aware of the trust's values?' 'Are you able to support and advocate all of these values?' 'When assessing your performance, do you believe your manager should include your behaviours (values) as well as achievement of your objectives?' More than 90 per cent of staff answered 'yes' to all three.

CASE STUDY 4

Driving change in stroke services at East Kent Hospitals NHS Foundation Trust

Stuart Bain, chief executive of East Kent University Hospitals NHS Foundation Trust, puts the successful redesign of its stroke pathway down to the trust living its values. This shift was brought about by giving clinicians autonomy and ensuring the trust's mission and values were understood by everyone involved.

The mission is to provide safe, patient-focused and sustainable health services with and for the people of Kent. The vision is to be one of the top ten trusts in England and as the Kent hospital of choice for patients and those close to them.

"Three to four years ago we were operating our stroke services very much in line with the traditional model. Most patients attending hospital with a transient ischaemic attack (TIA) would be given a outpatient appointment for two or three weeks later," says Bain. However, from a clinical perspective, the evidence showed that many of them would have a full-blown stroke, often before being seen in outpatients.

"We have turned this on its head so that anyone with a TIA has a follow-up consultant appointment within 24 hours, including weekends. Similarly, we now use remote IT for our stroke thrombolytic service, enabling consultants to examine patients remotely with the assistance of specially trained nurses authorised to administer the drug on the consultant's advice. Despite delivering a service from three hospitals covering a large area, we can now ensure that all appropriate patients get thrombolytic treatment 24/7," says Bain.

Without these clinically driven changes to roles and working practices, improvements to patient outcomes could not have been achieved. "This evolved from asking 'how do we deliver a service appropriate to patient needs?' Increasingly that it is the approach we are taking elsewhere," he says.

Identifying how the trust can live up to its values is a crucial part of this organisational change. "Our values are about putting patients first and we are always asking what that would look like in terms of behaviours. This filters through the organisation so that everyone, even new employees on their induction, knows what we stand for."

CASE STUDY 5

Defining and promoting values at Kingston Hospital NHS Trust

In March 2011, the trust board approved its organisation development plan. Since then, the executive team has undertaken broad engagement with staff to confirm the desired culture, agree a set of values and associated behaviours, and identify barriers that prevent staff living the values all the time. The executive team has used the feedback on barriers to develop an action plan to remove them and embed the values and associated behaviours across the organisation.

Chief executive Kate Grimes says: "We wanted to involve all staff in establishing what these values were and how they could be interpreted into a set of behaviours." The trust's integrated business plan (IBP) previously outlined the culture as: 'staff-owned, patient-centred and which puts safety first, always'. Grimes says team briefings were used to put four questions to everyone in the trust. Members of staff were asked:

- whether they agreed with the desired culture as set out in the IBP;
- what words they would use to reflect the values of the trust;
- what behaviours they would expect to see if they were living these values;
- what obstacles might there be to prevent staff living these values.

The same words came up again and again: safe, caring, valuing each other and taking responsibility. Grimes says that as a result, the IBP was refined to reflect these sentiments and the culture is now described as "patient centred, which puts safety first and where staff take responsibility, are valued and value each other".

"Once we had done this work we came up with four unique and eye-catching symbols, each one representing a different value, and these are now displayed all over the hospital," she says. "We also put in place an action plan to remove the barriers that were preventing staff living the values every day. The action plan covers a number of areas. There is no point defining your values if you don't want to change the culture of the organisation. And if the culture of the organisation isn't right you can't deliver the changes in terms of patient care."

There are numerous examples of the behaviours that are now part of the trust's everyday activities – often small things that can be missed in a large organisation. For example, saying please and thank you has become a cornerstone of staff interaction. Answering the phone within a given number of rings is another. Grimes points out that embedding the trust's values extends to the recruitment process. "I think the role of leaders is to help staff constantly focus on our reason for being here."

Adhering to values often means starting a discussion on service change from a different perspective. For instance, with trusts facing budget restraint, many discussions about services start with finance. "If you start from a different position – how can we deliver patient-centred care – you can end up with a solution that is more cost-effective," says Grimes. She highlights the trust's move to more consultant-delivered care. "We found junior doctors were ordering a greater number of tests because they didn't have the experience to narrow it down. Consultants order fewer tests, which costs less and, because decisions about care are made faster, length of stay is reduced. This enables us to improve quality and reduce costs at the same time."

We are:	We:	This means:
Caring	Design and deliver care around each individual patient's needs and wants	• Putting patients at the heart of everything we do • Nurturing the wellbeing of the whole person, respecting patients' physical, emotional and spiritual needs • Listening to patients and their families and responding to their needs • Showing compassion and empathy • Treating patients, their families and friends with dignity and respect • Being welcoming, polite and friendly to all • Involving patients and carers • Going the extra mile • Working to the highest standards of professionalism and ethics
Safe	Make the safety of patients and staff our prime concern (safety comes first)	• Listening to and acting on concerns • Being open and transparent • Striving to achieve the best possible clinical outcomes/results for our patients • Using data and evidence to continuously improve • Ensuring time for training and development
Responsible	Ensure all staff take responsibility for the hospital, its services and reputation	• Having a positive and 'can do' attitude • Seeing and acting on things that need improving • Finding new and creative solutions to problems, such as 'new ways of working' • Having the confidence to challenge and responding positively when challenged • Taking personal responsibility for doing the very best you can in your role and for your own development • Managers and clinicians working closely together • Speaking well of the trust and its services within our community • Following through on promises to deliver – "we are reliable and dependable" • Wisely managing resources to reduce waste and maximise quality
Valuing each other	All value each other's contribution	• Giving praise, feedback and saying thank you • Supporting and motivating each other • Speaking well of each other • Working collaboratively in teams, valuing everyone as individuals and appreciating differences • Communicating effectively • Strong team and inter-disciplinary working

Conclusion

This report into organisational culture has found that top-performing acute sector organisations invest considerable time and effort into developing an organisational culture around the delivery of high-quality, safe and efficient care.

In successful organisations the mission and higher sense of purpose comes from the senior management team but members of staff are encouraged to buy in to the organisation's values at an early stage. It is this recognition of the importance of staff engagement that is the key. Individuals who come to work day in and day out are all shaped by their own unique experiences. They have their own beliefs and their own values, which impact on their behaviour. If an organisation is seeking to change this behaviour it has to connect with each individual on a basic emotional level and help the individual to recognise that certain behaviours are detrimental to the wider organisation. This can often be achieved by asking staff which behaviours they believe would match the organisation's values.

However, we have also found significant support for the view that job security is an important precursor when it comes to changing behaviour. With the NHS facing up to significant efficiency savings, many frontline employees do not feel safe and this may make it harder to build an organisational culture around the values of quality and safety. Some leading organisations have therefore made sustainability and financial security the bedrock of their efforts to change organisational culture.

Psychological safety is also seen as an important factor. Employees are more likely to change their behaviour if they believe they will not be penalised for speaking up with ideas, challenging colleagues or alerting managers to mistakes. Openness is therefore something leading trusts also address when it comes to developing their culture.

Organisational culture is one of the five elements we have identified that are common among leading acute sector organisations in the UK. As with all of these elements, there is no prescriptive formula for developing a strong organisational culture but it is shared by each of the leading trusts we have visited and as such they all have something to offer in terms of sharing best practice and helping other trusts to be more effective.

Further resources

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